EXHIBIT C

| Case 06-10725-gwz25Doc 8655- | 3 o Ænte | ered: 10.7/19//11: /h5:1 | 7048 Pane | 2 of 11 |
|--|---|---|--|---|
| | PRC | OF OF CLAIM | i age i out | |
| | 0 | | | |
| Name of Debtor: | Case Nu | | | |
| USA Commercial Mortgage Company | 06-107 | 25-LBR | | · |
| NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: | | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. | WHOSE LOAN IS | Y OWED MONEY BY A BORROWER BEING SERVICED BY THE IO NOT HAVE TO FILE A PROOF |
| ENGLISH, RICHARD 6727 EAST SWARTHMORE DRIVE ANAHEIM CA 92807 | 3 | Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. | OF CLAIM. THIS BORROWER HEL DO NOT FILE THI SECURED INTER | INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT. IS PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT |
| | | Check box if this address differs from the address on the envelope sent to you by the court. | Bankruptcy Court | eady filed a proof of claim with the or BMC, you do not need to file again. |
| Creditor Telephone Number () 7/4.637.4180 Last four digits of account or other number by which creditor identifies | debtor | | | E IS FOR COOK! USE ONE! |
| Last four digits of account of other number by which decide identifies | dobior. | Check here replain or amer | a previously | filed claim dated: |
| 1. BASIS FOR CLAIM | Retiree t | enefits as defined in 11 U.S. | .C. § 1114(a) | Unremitted principal |
| Goods sold Personal injury/wrongful death Services performed Taxes | | salaries, and compensation (| fill out below) | Other claims against servicer (not for loan balances) |
| Money loaned | | compensation for services pe | rformed from: | to |
| 2. DATE DEBT WAS INCURRED: UNKNOWN (UKJ03-6/30) | . (. 3. IF C | OURT JUDGMENT, DATE O | BTAINED: | (date) (date) |
| 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that | at best descr | ibe your claim and state the amo | unt of the claim at t | he time case filed. |
| See reverse side for important explanations. | | SECURED CLAIM | | |
| UNSECURED NONPRIORITY CLAIM \$ | | 1 | our claim is secu | red by collateral (including |
| Check this box if: a) there is no collateral or fien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of y | our claim is | a right of setoff). | a . | 4 |
| entitled to priority. | | Brief description of | f collateral: iSkol | OKMERE MATTESONS |
| UNSECURED PRIORITY CLAHM Check this box if you have an unsecured claim, all or part of which is | | Real Estate | Motor Vehicle | Other |
| entitled to priority. | | Value of Collateral | · \$ 36 | 653,000 |
| Amount entitled to priority \$ Specify the priority of the claim: | | Amount of arrearage a secured claim, if any: | nd other charges | at time case filed included in |
| Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) | Г | Up to \$2,225* of deposits tow | ard purchase, lease | a. or rental of property or |
| Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's | s C | services for personal, family, of Taxes or penalties owed to go | or household use -1 | 1 U.S.C. § 507(a)(7). |
| business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). | | Other - Specify applicable par * Amounts are subject to adju | stment on 4/1/07 a | nd every 3 years thereafter |
| 5. TOTAL AMOUNT OF CLAIM \$ \$ | | with respect to cases comme | nced on or after the | |
| 5. TOTAL AMOUNT OF CLAIM \$ (unsecured) | | 5.75 \$secured) | (priority) | \$ <u>555.75</u> (Total) |
| Check this box if claim includes interest or other charges in addition to t | he principal | amount of the claim. Attach ite | emized statement of | of all interest or additional charges. |
| CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | | | |
| DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim. | ne filing of y | your claim, enclose a stampe | d, self-addressed | d envelope and copy of this |
| The original of this completed proof of claim form must be set ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, governmental units). BY MAIL TO: BMC Group | n, prevailin corporation BY HAND BMC Gro | ng Pacific time, on Novemb ons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO OUT | er 13, 2006 nd | THIS SPACE FOR COURT USE ONLY |
| Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 | 1330 Eas | ACM Claims Docketing Cente of Franklin Avenue do, CA 90245 | er | |
| DATE SIGN and print the name and title, if any, of t | | | | |
| 10/27/2006 this claim (attach copy of power of atto | rney, if any): | | | |

| Oddo oo borzo ibi Oldii | 111 1001 | 1 Z / 1 110Q 1Z/00/00 | , i ago i | | |
|--|----------------|---|--|---|--|
| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | PROOF OF CLAIM | | YOUR CL | AIM IS SCHEDULED AS: | |
| Name of Debtor: | Case Number: | | Schedule/Claim I | | |
| USA Commercial Mortgage Company | 06-1 07 | 725-LBR | Amount/Classific | ation Brackmere Matheson LLC | |
| NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: | | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. | scheduled by the i | The Dhove bolonce octed above constitute your claim as Debtor or pursuant to a filed claim. If a amounts set forth herein, and have no | |
| 113212400 LEWIS H FINE & ARLENE J FINE PO BOX 487 OAKLEY, UT 84055-0487 | 02195 | Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. | other claim agains this proof of claim If the amounts sh | st the Debtor, you do not need to file EXCEPT as stated below. nown above are listed as Contingent, Disputed, a proof of claim must be | |
| Creditor Telephone Number () | | Check box if this address differs from the address on the envelope sent to you by the court. | Bankruptcy Court | eady filed a proof of claim with the or BMC, you do not need to file again. | |
| Last four digits of account or other number by which creditor identifies | debtor: | Check here | 000 | | |
| 809 | | Check here I repla of if this claim amer | a previously | y filed claim dated: | |
| 1. BASIS FOR CLAIM | Retiree b | penefits as defined in 11 U.S | .C. § 1114(a) | Unremitted principal | |
| Goods sold Personal injury/wrongful death Services performed Taxes | | salaries, and compensation digits of your SS #: | (fill out below) | Other claims against servicer (not for loan balances) | |
| Money loaned | | compensation for services pe | erformed from: | 3/1/06 to present | |
| 2. DATE DEBT WAS INCURRED: | la IE C | OURT JUDGMENT, DATE O | DRTAINED: | (date) (date) | |
| 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that | | | | e time case filed | |
| See reverse side for important explanations. | DOOL GOODINE | • | in or the oldin at th | o ume oddo mod. | |
| UNSECURED NONPRIORITY CLAIM \$ | | SECURED CLAIM | our claim is soon | red by collateral (including | |
| Check this box if: a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of you entitled to priority. | | a right of setoff). | | ned by collateral (including | |
| UNSECURED PRIORITY CLAIM | | Brief description of | | | |
| Check this box if you have an unsecured claim, all or part of which is entitled to priority. | | Real Estate Value of Collateral | | e U Other | |
| Amount entitled to priority \$ | | Amount of arrearage a | nd other charges | at time case filed included in | |
| Specify the priority of the claim: | | secured claim, if any: | \$ interest | e 12% from 3/1/06 | |
| Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) | | Up to \$2,225* of deposits toward | ard purchase, lease | or rental of property or | |
| Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's | _ | services for personal, family, or Taxes or penalties owed to go | r household use -1 | 1 U.S.C. § 507(a)(7). | |
| business, whichever is earlier - 11 U.S.C. § 507(a)(4). | | Other - Specify applicable para | | | |
| Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). | | * Amounts are subject to adjust with respect to cases commen | | | |
| 5. TOTAL AMOUNT OF CLAIM \$ \$ | 6,9 | 55.74 \$ | | \$ 6955.74 | |
| AT TIME CASE FILED: (unsecured) | (s | secured) | (priority) | (Total) | |
| Check this box if claim includes interest or other charges in addition to the | e principal | amount of the claim. Attach ite | emized statement o | of all interest or additional charges. | |
| 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | | | | |
| B. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim. | | | • | d envelope and copy of this | |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT | | | | | |
| ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and | | | | USE ONLY | |
| governmental units). BY MAIL TO: BMC Group | | OR OVERNIGHT DELIVERY TO | : | | |
| Attn: USACM Claims Docketing Center | Attn: USA | up .CM Claims Docketing Cente | er | | |
| P. O. Box 911 El Segundo, CA 90245-0911 | 1330 East | t Franklin Avenue | | | |
| DATE SIGN and print the partie and title, if any, of the | | do, CA 90245 | | | |
| inis claim (attach opy of power of attorne | ey, if any): | 6. 1-1 | | | |

FORM B10 (Official Form 10) (10/05)

| United States Bankrupicy Court | DISTRICT OF Newdo RECE VERSOND FOLED |
|--|---|
| Name of Debtor | Case Number |
| USA Commercial Montgage | BK-5-06-10725 LBR 15 5 3 01 |
| NOTE This form should not be used to make a claim for an administ of the clise. A request for payment of an administrative expense ma | LIC DILUVOLOTO VI ONLIDT |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) | else has filed a proof of claim relating to your claim Attach copy of statement |
| Edward C. TRasce, IRA | giving particulars Check box if you have never received any |
| Name and address where notices should be sent | notices from the bankruptcy court in this case |
| 14220 Sockel W. | Check box if the address differs from the |
| Reno NV 89571 Terephone humber (775)851-0106 | address on the envelope sent to you by the court This Stact IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor | Check here replaces |
| identifies debtor | if this claim amends a previously filed claim dated |
| 1 Basis for Claim ☐ Goods sold ☐ Services performed Money loaned ☐ Personal injury/wrongful death ☐ Taxes | Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed fromto |
| Other———— | (date) (date) |
| 2 Date debt was incurred | 3 If court judgment, date obtained |
| Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority \$ | Real Estate |
| Specify the priority of the claim | ☐ Up to \$2 225* of deposits toward purchase lease or rental of property |
| Domestic support obligations under 11 USC \S 507(a)(1)(A) (1)(1)(B) | or services for personal family or household use 11 USC or § 507(a)(7) |
| ☐ Wages salaries or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the debusiness whichever is earlier 11 USC § 507(a)(4) ☐ Contributions to an employee benefit plan 11 USC § 507(| *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter |
| 5 Total Amount of Claim at Time Case Filed | EDUKN Ste book |
| Check this box if claim includes interest or other charges in ac interest or additional charges | (unsecured) (secured) (priority) (Total) ddition to the principal amount of the claim. Attach itemized statement of all |
| 6 Credits The amount of all payments on this claim has been making this proof of claim | en credited and deducted for the purpose of This Stact is for Court Usi Only |
| 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts contagreements and evidence of perfection of lien DO NOT SE documents are not available explain. If the documents are vol | tracts court judgments mortgages security ND ORIGINAL DOCUMENTS If the |
| Date Stamped Copy To receive an acknowledgment of the addressed envelope and copy of this proof of claim | filing of your claim enclose a stamped self |
| Date Sign and print the name and title if any o file this claim (attach copy of power of att | |
| | GDWARD C. FRASGR |

| Case Ugasama-ww25_Dec agai | | OF OF CLAIM | TP#∯e 1F# | APS OF THE |
|---|----------------|---|--|--|
| | | | | |
| Name of Debtor | Case Number | | | |
| USA COMMERCIAL MORTGAGE CO. | 06-1 | 0725 (LBR) | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensing after the commencement of the case A "request" for payment o administrative expense may be filed pursuant to 11 U.S.C. § 503 | ofan a | Check box if you are aware that anyone else has lied a proof of claim relating to your claim. Attach copy of | | |
| | PLACE ! | Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court. | SECURED INTER ONE OF THE DEE If you have aire Bankruptcy Court | eady filed a proof of claim with the or BMC you do not need to file again. |
| Creditor Telephone Number () 503 579 9144 | | | | E IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies d | TADIO | f this claim amen | a previously | filed claim dated |
| 1. BASIS FOR CLAIM | Retiree be | nefits as defined in 11 U S | C § 1114(a) | ☑ Unremitted principal |
| Goods sold Personal injury/wrongful death | Wages, sa | laries, and compensation (| fill out below) | Other claims against servicer (not for loan balances) |
| Services performed Taxes | | ligits of your SS # | | (not for toget adminos) |
| Money loaned Other (describe briefly) | Unpaid co | mpensation for services pe | rformed from | to (date) (date) |
| 2. DATE DEBT WAS INCURRED OCT 29, 2003 | | URT JUDGMENT, DATE C | and the second s | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations. | t best describ | e your claim and state the amo | unt of the claim at t | he time case filed |
| UNSECURED NONPRIORITY CLAIM \$ | | SECURED CLAIM | · · · · · · · · · · · · · · · · · · · | and the contract of the should not |
| Check this box if a) there is no collateral or lien securing your claim or b) | your claim | a right of setoff) | our claim is secui | red by collateral (including |
| exceeds the value of the property securing it, or if c) none or only part of yo entitled to priority | our claim is | Brief description of | collateral | |
| UNSECURED PRIORITY CLAIM | | Real Estate | | Other |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | | Value of Collateral | | |
| Amount entitled to priority \$ | | 1 | - | at time case filed included in |
| Specify the priority of the claim | | secured claim, if any | | |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | П | Up to \$2,225* of deposits town | ard purchase, lease | or rental of property or |
| Wages salanes or commissions (up to \$10 000)* earned within 180 days | | services for personal, family, | | |
| before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) | 닏 | Taxes or penalties owed to go | | - |
| Contributions to an employee benefit plan - 11 U S C § 507(a)(5) | L | Other - Specify applicable par * Amounts are subject to adu | • • | |
| | | with respect to cases comme | | date of adjustment. |
| AT TIME CASE FILED | 12,2418 | | | \$12,24122+interest |
| (unsecured) Check this box if claim includes interest or other charges in addition to the | • | cured) imount of the claim Attach its | (pnority) emized statement (| (Total) of all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim | | | | |
| The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or acceptable write) | n, prevailing | g Pacific time, on Novemb | er 13, 2006 | THIS SPACE FOR COURT USE ONLY |
| governmental units) BY MAIL TO BMC Group | BY HAND O | OR OVERNIGHT DELIVERY TO | D· | |
| Attn USACM Claims Docketing Center | Attn USA | CM Claims Docketing Cente | er | |
| P O Box 911 El Segundo CA 90245-0911 | | Franklin Avenue lo, CA 90245 | | |
| DATE SIGN and provide harme and title if any of the harme and title if any of the harme and title if any of the reality (attach coby of power of atter | he creditor or | other person authorized to file | | |
| CHRIS S HAMMOND | ₹ | TARA M H | HAMMOND | |

| C3C0 06 1072F C1172 = D0C 96F F | 2 er Ent | <u>ιοτοι::07/19/33 35·1</u> | 7 <u>-√12 Dan</u> | a 6 of 11 |
|--|------------------------------|--|--|--|
| E E E E E E E E E E E E E E E E E E E | PRO | OF OF CLAIM | <u>ा संयुक्त । ७५</u> | 900111 |
| Name of Debtor | Case Number | | 1 | |
| USA Commerica Mortgage Co | 06 | 10725-LBR | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request' for payment administrative expense may be filed pursuant to 11 U S C § 503 | | Check box if you are aware that anyone else has filed a proof of claim relating | | |
| Name of Creditor and Address 11321241001656 | 6 | to your claim Attach copy of statement giving particulars | | |
| HANDLIN FAMILY TRUST DATED 4/16/2004 C/O SHIRLEY M HANDLIN TRUSTEE 8855 LEROY ST RENO NV 89523-9777 | | Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address | | IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS |
| Creditor Telephone Number () 775-747-1005 | | differs from the address on the envelope sent to you by the court | Bankruptcy Court | eady filed a proof of claim with the or BMC you do not need to file again BE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies of | debtor | — | <u> </u> | TO CONTROL OF THE |
| 8042 | | Check here replace or if this claim amen | a previousi | / filed claim dated |
| 1 BASIS FOR CLAIM Personal injury/wrongful death | Retiree b | penefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| Services performed Taxes | | salaries and compensation (indicates and compensation (ind | fill out below) | Other claims against service (not for loan balances) |
| Money loaned Other (describe briefly) | Unpaid c | compensation for services per | formed from | to |
| 2 DATE DEBT WAS INCURRED 2/4/2004 | 3 IF C | OURT JUDGMENT, DATE O | BTAINED (| -30-2006 |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that | | | | |
| See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ | | SECURED CLAIM | | |
| Check this box if a) there is no collateral or lien securing your claim or b) | your claim | Check this box if you a right of setoff) | our claim is secu | red by collateral (including |
| exceeds the value of the property securing it or if c) none or only part of yo entitled to priority | our claim is | Brief description of | collateral | |
| UNSECURED PRIORITY CLAIM | | Real Estate | | e 🔲 Other |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | | Value of Collateral | \$ | |
| Amount entitled to priority \$ Specify the priority of the claim | | Amount of arrearage ar secured claim, if any | nd other charges | at time case filed included in |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days | | Up to \$2 225* of deposits towal services for personal family o | rd purchase lease | or rental of property or |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | | Taxes or penalties owed to go | | |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | Other Specify applicable para | | |
| | | * Amounts are subject to adjust with respect to cases commen | tment on 4/1/07 a ced on or after the | nd every 3 years thereafter date of adjustment |
| 5 TOTAL AMOUNT OF CLAIM \$ \$ (unsecured) | 22, 48 | | (priority) | \$ (Total) |
| Check this box if claim includes interest or other charges in addition to the | e principal a | amount of the claim Attach iter | mized statement of | of all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been cred | dited and d | educted for the purpose of m | akıng thıs proof | of claim |
| 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts court judgments, mortgages, security a DOCUMENTS of the documents are not available explain of the documents. | areements | s, and evidence of perfection | oftien DO NO | oices, itemized statements of T SEND ORIGINAL |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | e filing of ye | our claim, enclose a stamped | l, self-addressed | l envelope and copy of this |
| The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units) | , prevailin | g Pacific time, on Novembe | r 13, 2006 | THIS SPACE FOR COURT USE ONLY |
| governmental units) BY MAIL TO BMC Group | BY HAND O | OR OVERNIGHT DELIVERY TO | | |
| | Attn USA | CM Claims Docketing Center Franklin Avenue | • | |
| | El Segund | lo, CA 90245 | | |
| DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn | e creditor or ney if any) | other person authonzed to file | | |
| | | | | |

| Case 06 | 10725-awzocDoc 8655- | | | 7:248 Page | 7. of 11 |
|---|--|--------------------------|---|---|--|
| UNITED STATES HAD DISTRICT O | | PROOF OF CLAIM | | | IM IS SCHEDULED AS: |
| Name of Debtor | | Case Nu | ımber | Schedule/Claim ID | s31806 |
| USA Commercial Mortg | lage Company | 06-107 | 725-LBR | Amount/Classificat | ion |
| JOA Johnnerda Morty | may wombany | 00-10/ | and total s | | |
| | ake a claim for an administrative exp the case A "request" for payment | | Check box if you are aware that anyone else has filed a proof of claim relating | The amounts reflec | ted above constitute your claim as |
| Name of Creditor and Add JOHN T MRASZ ENTE DEFINED BENEFIT PL C/O JOHN T MRASZ & 10015 BARLING ST SHADOW HILLS, CA S | ress* 113212400 RPRISES INC AN DATED 5/86 JANET MRASZ TRUSTEES 91040-1512 | 01090 | Check box if you have never received any notices from the bankruptcy court or | scheduled by the Do you agree with the a other claim against this proof of claim E If the amounts sho Unliquidated or Di filed. If you have alrea Bankruptcy Court of | stor or pursuant to a filed claim if amounts set forth herein, and have no the Debtor, you do not need to file EXCEPT as stated below own above are listed as Contingent, sputed, a proof of claim must be ady filed a proof of claim with the or BMC you do not need to file again. |
| Creditor Telephone Number (8/8) | 353-D&88 number by which creditor identifies | dobtos | Volati | INIS SPAC | E IS FOR COURT USE UNLY |
| | number by which creditor identifies | UEDIOF | Check here replain or replain amer | a previously | filed clarn dated |
| 1 BASIS FOR CLAIM | | Retree i | benefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| | Personal injury/wrongful death | Wages, | salanes, and compensation | (fill out below) | Other claims against services |
| | Taxes | | r digits of your SS # | | (not for loan balances) |
| Money loaned | Other (describe briefly) | Unpaid o | compensation for services pe | erformed from | to |
| 2 DATE DEBT WAS INCURRED: | 10/30/03 | 3 IF C | OURT JUDGMENT, DATE O | OBTAINED. | (date) (date) |
| 4 CLASSIFICATION OF CLAIM | Check the appropriate box or boxes that | | | | time case filed |
| See reverse side for important explan | | | SECURED CLAIM | BROOKI | nere |
| UNSECURED NONPRIORITY CL | AIM \$ lateral or lien securing your claim, or b) y | nur daim | Check this box if y | | ed by collateral (including |
| exceeds the value of the property s | nateral or lien securing your claim, or b) y securing it, or if c) none or only part of you | r claim is | a nght of setoff) | | |
| entitled to priority UNSECURED PRIORITY CLAIM | | | Bnef description of | collateral | |
| Check this box if you have an unse | ecured claim all or nart of which is | | Real Estate | Motor Vehicle | ☐ Other |
| entitled to priority | Signiff of the Column to | | Value of Collateral | \$ | |
| Amount entitled to pnonty | \$ | | Amount of arrearage a | nd other charges | at time case filed included in |
| Specify the priority of the claim. | | | secured claim, if any | \$ | |
| Domestic support obligations under | er 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | Up to \$2,225° of deposits tower | | |
| Wages, salaries, or commissions (before filling of the bankruptcy petit | up to \$10,000)*, earned within 180 days | I | services for personal family, o | | - '' |
| business whichever is earlier - 11 | | - | Taxes or penalties owed to go Other - Specify applicable part | | |
| Contributions to an employee bene | afit plan - 11 U.S.C. § 507(a)(5) | L | * Amounts are subject to adjus | stment on 4/1/07 and | every 3 years thereafter |
| E TOTAL AMOUNT OF OLARS | <u> </u> | 200 | with respect to cases commen | ced on or after the d | late of adjustment. |
| 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED | | 24,48. | | / ndo-2-2 | T-L- N |
| Chark this hav it claim makedon in | (unsecured) nterest or other charges in addition to the | • | secured) amount of the claim Attach its | (priority) www.zed.statement.co | (Total) |
| | | | | | |
| 6 CREDITS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary | | | | | |
| proof of claim | o receive an acknowledgment of th | | • | | |
| ACCEPTED) so that it is actual | d proof of claim form must be ser ally received on or before 5·00 pm luding individuals, partnerships, | n, prevaili corporati | ng Pacific time, on Novemlons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO | ber 13, 2006 and | THIS SPACE FOR COURT USE ONLY |
| Attn USACM Claims Docketing | Center | Attn USA | ACM Claims Docketing Cente | er | |
| P O Box 911 El Segundo CA 90245-0911 | | | st Franklin Avenue do, CA 90245 | | |
| DATE . ISIGN | and print the name and title if any, of the | creditor or | | | |
| 9/27/06 | this claim (attach copy of power of attorn | ey, if any). | to 1-t - | | |
| 1 I | Janet Mras | 5/ | KUSIEC | 1 | |
| | UANET MRAS | 2 | | | |

Case 06a167665-9007225-1900c 869a567318 Fintered 107/1101/5717 148ge Plage 68 of 11

| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | PRO | OF OF CLAIM | | |
|---|--|---|--|---|
| Name of Debtor USA Convercial Mortana, | Case Nu 06 - | mber 10725(LBR) | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503 | ense | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of | | |
| HURLICANE, UT 84737 | | statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the | SECURED INTER ONE OF THE DE If you have als | HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS ready filed a proof of claim with the t or BMC you do not need to file again |
| Creditor Telephone Number ()435 635 546 believed that four digits of account or other number by which creditor identifies ()418 | debtor | Check here replace | ces a previous! | y filed claim dated |
| 1 BASIS FOR CLAIM Goods sold Fersonal injury/wrongful death Taxes Money loaned CHEAT TO 1418 Taxes | Wages s Last four | enefits as defined in 11 U S salanes and compensation (I digits of your SS # | C § 1114(a) fill out below) | Unremitted principal Other claims against service (not for loan balances) to (date) (date) |
| 2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that | | OURT JUDGMENT, DATE O | | |
| See reverse side for important explanations UNSECURED NONPRIORITY CLAIM Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority | | a right of setoff) | | red by collateral (including |
| UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ | | Brief description of Real Estate Value of Collateral Amount of arrearage ar | Motor Vehicles | e □ Other □ O |
| Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | , C | Up to \$2 225* of deposits towas ervices for personal family of Taxes or penalties owed to go | ard purchase leaser household use | 11 USC § 507(a)(7) |
| Contributions to an employee benefit plan 11 USC § 507(a)(5) | | Other - Specify applicable part * Amounts are subject to adjus with respect to cases commen | stment on 4/1/07 a | nd every 3 years thereafter |
| 5 TOTAL AMOUNT OF CLAIM \$ \$ (unsecured) Check this box if claim includes interest or other charges in addition to the | (\$ | -83 6 1 \$ ecured) | (priority) | \$ 24 483, 6 1 (Total) |
| 6 CREDITS The amount of all payments on this claim has been creed SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain if the Copy of Claim 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | dited and d uments, su agreements documents | educted for the purpose of months as promissory notes pure and evidence of perfection are voluminous attach a sur | naking this proof chase orders in of lien DO NO nmary | of claim voices itemized statements of DT SEND ORIGINAL |
| The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, of governmental units) BY MAIL TO | n, prevailin corporation | g Pacific time on Novembens, joint ventures trusts and OKERNIGHT DELIVERY TO | er 13 2006 id | THIS SPACE FOR COURT USE ONLY |
| BMC Group Attn: USAC M Claims Docketing Center PO Box 911 El Segundo CA 90245 0911 DATE SIGN and print the name and title if any of the | 1330 East El Seguno | CM Claims Docketing Cente t Franklin Avenue to CA 90245 | r | |
| the tight and the final track copy for power of attorn | | outer person authorized to life | | |

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC §§ 152 AND 3571

| FORM B10 (Official Form 10)(04/05) UNITED STATES BANKRUPTCY COURT-DISTRIC | CT OF NEVADA | PROOF OF CLAIM -CHAPTER □ 7 ■ 11 □12 □ 13 | |
|--|---|--|--|
| Name of Debtor: USA Commercial Mortgage Company Case Number: BK-S-06-10725 LBR | | (This space for court use) | |
| NOTE: This form should NOT be used to make a clain the commencement of the case. A "request" for payment pursuant to 11 U.S.C. Section 503. | 7007 JAN 12 P 3: 53 | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): | ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of | THEY COURT A CLERK | |
| David B. Krynzel, Individually and as Managing Partner of Gold Runner, LLC | statement giving particulars. | . werli | |
| Name & address where notices should be sent: David B. Krynzel 740 Aldo Rae Court Henderson, Nevada 89052 | □ Check box if you have never received any notices from the bankruptcy court in this case. ▼ Check box if the address differs from the address on the envelope sent to | | |
| Telephone number: | you by the court. | | |
| Account or other number by which creditor identifies debtor: Account ID Nos. 1032, 870, 841, and 676 Loan ID Nos. 123 and 189 | Check here if this claim ☐ replaces ☐ amends a previously file | ed claim, dated | |
| 1. BASIS FOR CLAIM □ Goods sold □ Services performed ■ Money loaned □ Personal injury/wrongful death □ Taxes □ Other | □ Retiree benefits as defined in 11 U.S. □ Wages, salaries, and compensation (Last four digits of your Social Secur Unpaid compensation for services portion (date) To | FILL OUT BELOW) ity # | |
| 2. Date debt was incurred: Nov. 2003 and June 2005 | 3. If court judgment, date obtai | ned: | |
| 4. Total claim at time case filed: \$ (Unse If all or part of your claim is secured or entitled to pric Check this box if claim includes interest, or other statement of all interest or additional charges. | | • | |
| 5. Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff) | 7. Unsecured Priority Claim. Check this box if you have an un. Amount entitled to priority \$ | secured priority claim. | |
| Brief description of collateral: ■ Real Estate □ Motor Vehicle □ Other | rief description of collateral: ■ Real Estate □ Motor Vehicle □ Wages, salaries, or commissions before filing of the bankruptcy processors. | | |
| Value of collateral: unknown Contributions to an employee be Up to \$2,225* of deposits toward or rental of property or services | | | |
| included in secured claim, if any: U.S.C. § 507(a)(6) | | t owed to a spouse, former spouse, or | |
| 6. Unsecured Non Priority Claim child-11 U.S.C. § 507(a)(7) Taxes or penalties owed to gove OTHER-Specify applicable part *Amounts are subject to adjustment on 4 | | | |
| 8. Credits: The amount of all payments on this claim of making this proof of claim. | or after the date of adjustment. (This space for court use) | | |
| 9. Supporting documents: Attach copies of supporting orders, invoices, itemized statements of running accounts agreements, and evidence of perfection of lien. DO NOT documents are not available, explain. If the documents are | | | |
| 10. Date-Stamped copy: To receive an acknowledgment self-addressed envelope and a copy of this proof of claim. Date: /2-20-06 Sign and print the name and | - | | |
| authorized to file this claim (a | | | |

| PR | ROOF OF CLAIM | | | |
|--|--|---|--|--|
| Name of Debtor: Case | Number: | | | |
| USA COMMERCIA MORTGARE C: 06 | -10725-LBR | | | |
| NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | Check box if you are aware that anyone else has filed a proof of daim relating to your claim. Attach copy of | | | |
| Name of Creditor and Address: | statement giving particulars. | | | |
| LILY MARKHAM + TRENE ALNE | Check box if you have | | | |
| WAAKHAM-TAFOYA JTW 205 7746 FORE ONWN DA. | BMC Group in this case. | NOT FILE THIS PROOF OF CLAIM FOR A CURED INTEREST IN A BORROWER THAT IS NOT | | |
| LAS VECAS, NV 89123-0756 | Check box if this address differs from the address on the envelope sent to you by the Ban | E OF THE DEBTORS. If you have already filed a proof of claim with the kruptcy Court or BMC, you do not need to file again. | | |
| Creditor Telephone Number () 20 2 269 465 / | court. | THIS SPACE IS FOR COURT USE ONLY | | |
| Last four digits of account or other number by which creditor identifies debtor: | Check here replaces or if this claim amends | a previously filed claim dated: | | |
| - | e benefits as defined in 11 U.S.C. § | 1114(a) Unremitted principal | | |
| | s, salaries, and compensation (fill or | t below) Other claims against servicer (not for loan balances) | | |
| de la | our digits of your SS#: | | | |
| Money loaned Unpai | d compensation for services perform | ned from: to (date) (date) | | |
| 2. DATE DEBT WAS INCURRED: 1/106/2003 3. IF | COURT JUDGMENT, DATE OBTA | | | |
| 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best de | The state of the s | | | |
| See reverse side for important explanations. | SECURED CLAIM | | | |
| UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim. | (II | laim is secured by collateral (including | | |
| entitled to priority. UNSECURED PRIORITY CLAIM | Brief description of colla | | | |
| Check this box if you have an unsecured claim, all or part of which is | Real Estate 🔲 N | _ | | |
| entitled to priority. | Value of Collateral: | \$ 15,000.00 | | |
| Amount entitled to priority \$ Specify the priority of the claim: | Amount of arrearage and of secured claim, if any: \$ | ther charges at time case filed included in | | |
| Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) | | urchase, lease, or rental of property or | | |
| Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). | Taxes or penalties owed to govern | usehold use -11 U.S.C. § 507(a)(7). mental units - 11 U.S.C. § 507(a)(8). | | |
| Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). | Other - Specify applicable paragrap | | | |
| | with respect to cases commenced | nt on 4/1/07 and every 3 years thereafter on or after the date of adjustment. | | |
| 5. TOTAL AMOUNT OF CLAIM \$ \$ /S | 000.00 \$ | \$ 15,000.00 | | |
| (unsecured) Check this box if claim includes interest or other charges in addition to the principal control of the princ | • • • | nority) (Total) d statement of all interest or additional charges. | | |
| 6. CREDITS: The amount of all payments on this claim has been credited an | d deducted for the purpose of makir | g this proof of claim. | | |
| 7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | | | |
| DATE-STAMPED COPY: To receive an acknowledgment of the filing oproof of claim. | | - | | |
| The original of this completed proof of claim form must be sent by ma ACCEPTED) so that it is actually received on or before 5:00 pm, preva | iling Pacific time, on November 13 | THIS SPACE FOR COURT USE ONLY | | |
| for each person or entity (including individuals, partnerships, corpora governmental units). | | | | |
| BY MAIL TO: BY HAI BMC Group BMC C | ND OR OVERNIGHT DELIVERY TO: Group | | | |
| - | SACM Claims Docketing Center ast Franklin Avenue | | | |
| | undo, CA 90245 | | | |
| DATE SIGN and print the name and title, if any, of the creditor | | | | |
| 11-21-06 this claim (attach copy of power of attorney, if any): | | | | |

Case 06-19725-gwz2500c 865513 23510tered 07/2/19/1/19/5:17:4820ePage 11 of 11 PROOF OF CLAIM Case Number: Name of Debtor: Jointly Administered Under Case No. BK-S-06-10725-LBR USA Commercial Mortgage Company NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense Check box if you are arising after the commencement of the case. A "request" for payment of an aware that anyone else has filed a proof of claim relating administrative expense may be filed pursuant to 11 U.S.C. § 503. to your claim. Attach copy of Name of Creditor and Address: statement giving particulars. 11321241002846 Check box if you have NV MILANOWSKI & J MARLENE MILANOWSKI never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A 1004 HALEY PL SECURED INTEREST IN A BORROWER THAT IS NOT BMC Group in this case. **DELTA CO 81416-2443** NE OF THE DEBTORS. Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC, you do not need to file again. envelope sent to you by the court. THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (Last four digits of account or other number by which creditor identifies debtor: replaces Check here a previously filed claim dated: or amends if this claim Applicable 1. BASIS FOR CLAIM Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages, salaries, and compensation (fill out below) Services performed Taxes Last four digits of your SS #: Money loaned Other (describe briefly) Unpaid compensation for services performed from: to (date) (date) 2. DATE DEBT WAS INCURRED: 3. IF COURT JUDGMENT, DATE OBTAINED: 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including Check this box if: a) there is no collateral or lien securing your claim, or b) your claim a right of setoff). exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Brief description of collateral: UNSECURED PRIORITY CLAIM ☐ Real Estate ☐ Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is entitled to priority. Value of Collateral: Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7). Wages, salaries, or commissions (up to \$10,000)*, samed within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (___ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 5. TOTAL AMOUNT OF CLAIM 31.52 AT TIME CASE FILED: (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and overnmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center 1330 East Franklin Avenue P. O. Box 911 El Segundo, CA 90245-0911 El Segundo, CA 90245 DATE SIGN and print the name and title, if any, of the creditor or other person authorized to file

が、this claim (attach copy of power of attorney, if any): ハル (りごんれない 5/く) ハ